

Foster Family Home - Corrective Action Report

Provider ID: 1-110037

Home Name: Bernadette Aquino, CNA

Review ID: 1-110037-7

92-790 Paakai Street

Reviewer: David Ayling

Kapolei

HI 96707

Begin Date: 4/18/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 4/18/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/18/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home

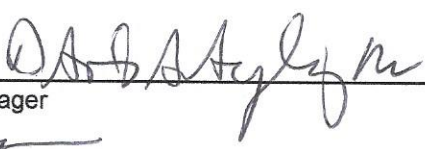
Personnel and Staffing

[11-800-41]

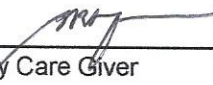
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CG #5 completed CPR and First Aid via an internet class.


Compliance Manager


Date


Primary Care Giver


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: BERNADETTE AQUINO, CNA
CCFFH Address: 92-790 PAAKAI ST. KAPOLEI HI 96707

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(8)	PC BERNADETTE AQUINO RECEIVED A CURRENT APPROVED CPR AND FIRST AID CERTIFICATES FROM CG #5	4-25-19	BERNADETTE AQUINO, PCG MAKE IT SURE THAT CPR, AED, FIRST AID CERTIFICATIONS HAVE AN APPROVED, UPON ADDING CG AND FOR RENEWAL TO PREVENT FUTURE DEFICIENCY

Primary Caregiver's Signature: 

Print Name: BERNADETTE AQUINO Date of Signature: 4-25-19